

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPT FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>						CLAIM	SERIAL NO.	FILING DATE					
						APPLICANT(S)							
<b>CLAIMS</b>													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													